

abdominal pain, general spasm, and difficulty in voiding urine and fæces, succeeded by orthopnea, and symptoms of thoracic and abdominal inflammation, which were treated antiphlogistically. The bladder required the frequent use of the catheter. The patient suffered pain in the right knee, and was obliged to keep it drawn upwards towards the abdomen. Two years after, the legs began to swell, respiration became still more difficult, the urinary secretion ceased, and the patient vomited a fluid containing, according to chemical analysis, the principles of urine.

M. Kreysig now detected, in the right iliac region and near the spine, a tumour extending towards the liver, exquisitely painful to the slightest touch, and which the patient had noticed for four years. The bowels were invariably constive; and twice a day (five, A. M., and six, P. M.) urinous vomitings occurred, preceded by dyspnea, so urgent as twice to require v. s. No urine was found in the bladder. Tepid baths, and mercurial and stimulating liniments to the region of the kidney, were recommended. During the time the patient was in the baths, the skin exhaled a very fœtid odour. The tumour gradually enlarged, and grew softer.

The patient now returned home, and four months after (January 24, 1835,) informed M. Kreysig that the tumour had daily increased, become harder and more painful, and pointed in the epigastric region. Fluctuation was now evident, and in three weeks the abscess broke, during a violent spasm, discharging a large quantity of pus, which was soon after succeeded by an increase of suffering. In about six weeks, the urinous vomitings ceased, and urine was voided by the bladder. Shortly afterwards, the pain being then more than usually intense, with an urgent desire to evacuate the bowels, the patient expelled, per anum, a mass about as large as a goose's egg, resembling fat mixed with pus, and intolerably fœtid. From this period, all abdominal swelling and pain ceased, and menstruation returned. In about three-quarters of a year, the health was entirely restored, not one of the former symptoms remaining. *B. and F. Med. Rev. from Hufeland's Journal, July, 1839.*

12. *On the Causes of Scrofulous disease.*—M. LUGOL is of opinion that accidental causes have no necessary effect, and that there is at least reason to doubt whether they are of themselves alone sufficient to give rise to a scrofulous affection. Inheritance, on the contrary, is the most evident and the most common cause, and that which we are obliged to acknowledge in the great majority of cases.

M. Lugol regards the existence of scrofula in a child, as the certain sign of the family temperament, in consequence of which all the other children have the same original predisposition to the disease. If one examines what takes place in families, in which this temperament is indicated by the sign just mentioned, it is found that they are subject to great mortality: scarcely a fourth of the children attain the age of puberty, and it is not rare for very large families to be swept away at an age even much less advanced. Scrofula, in fact, presents itself as the most active source of destruction to the human race: there is no other malady whose victims are so numerous and so young.

After showing the essential characters of hereditary transmission, those which mark it, and it alone, M. Lugol passes to his inquiries on the causes of this transmission, in considering what is the state of health of parents who produce scrofulous children. He divides the facts that relate to this question into two orders; one relating to the original state of health; the other to the acquired state of health of the patients.

After having treated of scrofula in subjects born of scrofulous parents, and in those who are born of phthisical parents, he goes on to show that parents whose youth has been marked by scrofula, but who, at the present time enjoy very good health, often produce scrofulous children. He shows also that parents who do not themselves appear scrofulous, but who have brothers and sisters that are so, have often a scrofulous offspring.

M. L. has also seen that parents may never present any symptoms of scrofula

till after they have had scrofulous children; and he arrives at the conclusion that hereditary diseases never pass over a generation, which is contrary to the opinion generally received on that point.

In a second section, relating to the acquired health of the parents who produce scrofulous children, he treats successively of scrofula from syphilitic parents, a question on which he has accumulated very extensive information; then of scrofula from abuse of venereal pleasure; of that from too early marriages in each extremity of the social scale; of that from disproportion in the age of the parents; and, lastly, of that of which he has collected a great number of examples, and which almost invariably arises from all the marriages in which the man does not possess the comparative strength of his sex.—*Lond. Med. Gaz.* March, 1840, from *Comptes Rendus*, Jan. 1840.

13. *Case of disease of the posterior columns of the Spinal Cord.*—EDWARD STANLEY Esq. has communicated to the Royal Medical and Chirurgical Society a well marked example of disease strictly limited to the posterior columns of the spinal cord, yet producing phenomena at variance with the doctrine of the distinct influences of the anterior and posterior columns of the cord on the faculties of motion and sensation.

The disease, which was not the result of any injury, commenced about three years before the patient's admission into Saint Bartholemew's Hospital with impaired motion of the lower extremities, at first slight, but progressively increasing, so that at the time of his admission he could only succeed by a great effort in raising his legs from the ground while sitting in a chair. Before the patient's death the inability of motion became complete in each lower limb in its whole extent. In no part, however, was there any defect of sensation confessed by the patient, whether the skin was scratched, pricked, or pinched. On dissection after death, no signs of disease presented themselves except in the spinal cord. Here, contrary to the anticipations of the many persons by whom this case was observed (and much interest was excited with reference to it), no disease whatever was found in the anterior columns of the cord. An extensive change of structure and colour was, on the contrary, manifested in the posterior columns, from the pons to the lower end of the cord. "The value of this case," says the author, "consists in the distinctness of its phenomena, being acknowledged by many competent observers to have been such as they are recorded."

Dr. Budd related a case where similar circumstances were observed: that is, in a patient who had caries of the spine, motion in the inferior extremities was lost, while sensation remained; and, on dissection, the anterior columns of the spinal marrow were found apparently sound, while the posterior, at the seat of the disease, were softened and nearly fluid.

Mr. Shaw observed, that there were difficulties in the above cases which he did not pretend wholly to remove; but he begged to mention that recent investigations have shown, that it is not from the posterior columns of the spinal marrow that the posterior roots, the roots that confer sensation, arise. It is from another column, the lateral, that they, together with the sensitive root of the fifth cerebral nerve, originate.* Hence, if this view of the anatomy be correct, it is not so much to be wondered at, that sensation should remain entire, when the posterior columns are destroyed.

Another point in the discussion arose. Mr. Cæsar Hawkins brought forward the question as to the powers of nutrition in a part being impaired from the destruction of its nerves. He illustrated his position, by referring to M. Magendie's experiments on the fifth pair of the brain, wherein inflammation and sloughing of the eye followed from dividing this nerve within the cranium, thus apparently showing, that the fifth pair superintends the functions of nutrition.

Mr. Shaw expressed some surprise at the ready admission usually given to M. Magendie's conclusions from these experiments, when surgeons have such

* See two papers by Sir Charles Bell. in the *Phil. Trans.*, read May 1834, and April 1835. Also his work on the *Nervous System*, 3d edition.